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SIEMENS

FACSIMILE COVER SHEET

First Named Inventor: Walter Gerlich

Application No. 10/518,309

Atty Docket No: 2002P03697WOUS

Filed: December 16, 2004

Title: CONTACT DEVICE FOR THE ELECTRICAL CONTACT OF CABLE SHIELDS

Examiner: Felix O. Figueroa

Art Unit: 2833

➔ **FACSIMILE ATTN TO: FELIX O. FIGUEROA**

FAX NO.: 571-273-8300

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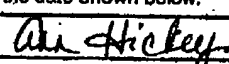
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/518,309	
	Filing Date	December 16, 2004	
	First Named Inventor	Walter Gerlich	
	Art Unit	2833	
	Examiner Name	Felix O. Figueroa	
Total Number of Pages in This Submission	4	Attorney Docket Number	2002P03697WOUS

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet including a certificate of transmission under 37 CFR 1.8
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Date	FEBRUARY 5, 2007	Reg. No.	44,961

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Typed or printed name	ANN HICKEY	Date	FEBRUARY 5, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**NOTICE OF APPEAL FROM THE EXAMINER TO
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on February 5, 2007

Signature Ann HickeyTyped or printed
name ANN HICKEY

In re Application of

Walter Gerlich, et al.

Application Number

10/518,309

Filed

12/16/2004

For CONTACT DEVICE FOR THE ELECTRICAL CONTACT OF
CABLE SHIELDSArt Unit
2833Examiner
Felix O. Figueroa

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500.00☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ _____

☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2172. I have enclosed a duplicate copy of this sheet.☐ A petition for an extension of time under 37 CFR 1.136(e) (PTO/SB/22) is enclosed.**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.☐ assignee of record of the entire interest.See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/06)☒ attorney or agent of record.Registration number 44,981.☐ attorney or agent acting under 37 CFR 1.34.

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Signature

JOHN P. MUSONE

Typed or printed name

407-736-6449

Telephone number

FEBRUARY 5, 2007

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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